

Maryland Primary Care Program: Behavioral Health Integration

Collaborative Care Model - CoCM

Program Management Office

What do we mean by Behavioral Health?

- *Mental health and substance use disorders*
- Focus on most common and most harmful diagnoses in the primary care setting:
 - Mental health – in particular depression and anxiety
 - Substance use disorders – in particular alcohol and opioids

Why Behavioral Health Integration? ---

- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4th leading cause of death in Maryland
- Frequent cause of avoidable ED and Hospital admission
- Emergency room visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health problems jumped 18.5 percent. Such cases now make up roughly **a quarter of all** emergency visits in Maryland.
- Key feature in MDPCP and required to move to track 2

Overview of Series

1. Overview
2. Build your team
3. Choose what's best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. Registry and Data
- 7. Collaborative Care Model**
8. SBIRT and MAT
9. Coding and Billing

BHI Overview

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Assessment and Treatment

- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manager

Referral (as needed)

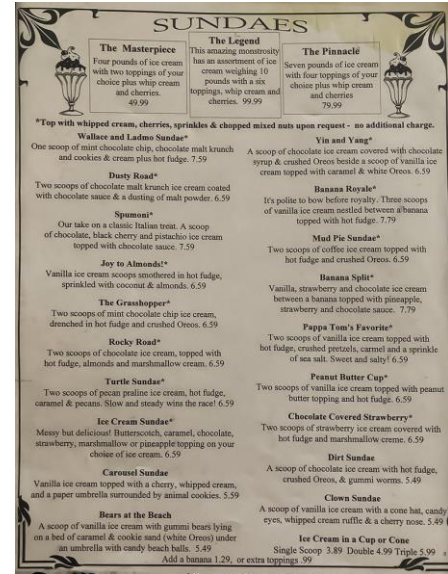
- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

Options for Behavioral Health Integration (“the menu”)

Select what’s best for your practice and patients:

1. **Pick a focus:** mental health, substance use, or both
2. **Select screening tools**
3. **Choose a model for integration**
 1. Onsite/offsite-behavioral health specialist
 2. Collaborative Care Model
4. **Choose a model for medications:**
 1. PCP prescribing
 2. Referral to psychiatrist (on-site, or off-site)



This will drive your practice workflows

Pick a focus

Mental health disorders

- Depression
- Anxiety

And/Or

Substance use disorders

- Alcohol
- Opioids

Or others based on clinic population and capacity

Screening Strategy

- Mental health:
 - PHQ-2, PHQ-9, GAD-7
- Substance use disorders (the “S” in SBIRT):
 - NIDA Quick Screen, AUDIT-C, DAST
- Other screening options
 - Multi-Symptom Screeners
 - Opioid Risk Tool
- **Clinical Presentation** (eg. current BH diagnosis, and/or treatment, other symptoms)

Collaborative Care

A model to address Access and Population Health needs in Behavioral Healthcare

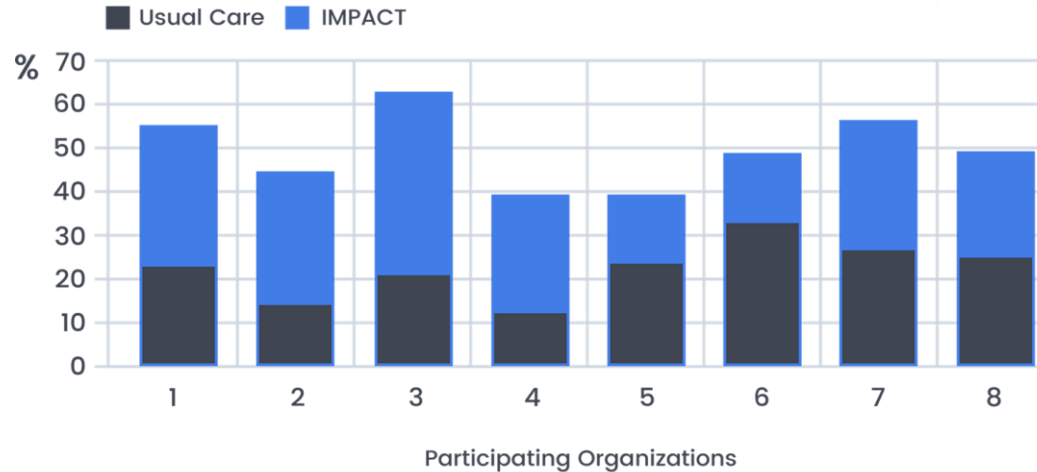
- Specific type of **integrated care built on the chronic care model** to improve access to **evidence-based mental health treatments for primary care patients**
- **Team-based**, measurement-based, **population-based**, and patient-centered
- **Effective:** Over 80 Randomized Controlled Trials (RCTs) consistently more effective than traditional psychiatry¹
- Cost-effective: Estimated 9%-17% reduction of healthcare expenditures²
- **Revenue-generating:** Medicare and most Commercial payers reimburse

¹C. Murray, GBD Study, Lancet 2012; ² Milliman Research Report: Potential economic impact of integrated medical-behavioral healthcare. Updated projections for 2017, January, 2018.

Collaborative Care

Collaborative Care Improves Outcomes and Reduces Costs

50% or greater improvement in depression at 12 months



Courtesy of Jurgen Unützer MD

Source: Unützer et al., JAMA 2002; Psych Clin NA 2004

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How Well Does It Work with Other Disorders?

Evidence Base Established

- Depression
 - Adolescent Depression
 - Depression, Diabetes, and Heart Disease
 - Depression and Cancer
 - Depression in Women's Health Care
- Anxiety
- Post Traumatic Stress Disorder
- Chronic Pain
- Dementia

Emerging Evidence

- Substance Use Disorders
- ADHD
- Bipolar Disorder

Who is Appropriate for Collaborative Care —

- CPT 2019 Language:

“These services are provided when a patient has a suspected or newly diagnosed behavioral health condition that requires a behavioral health care assessment; establishing, implementing, revising, or monitoring a care plan; and provision of brief interventions” (American Medical Association, CPT 2019: Professional Edition (Cpt / Current Procedural Terminology (Professional Edition), 2018.

Who is at high risk of having a BH disorder?

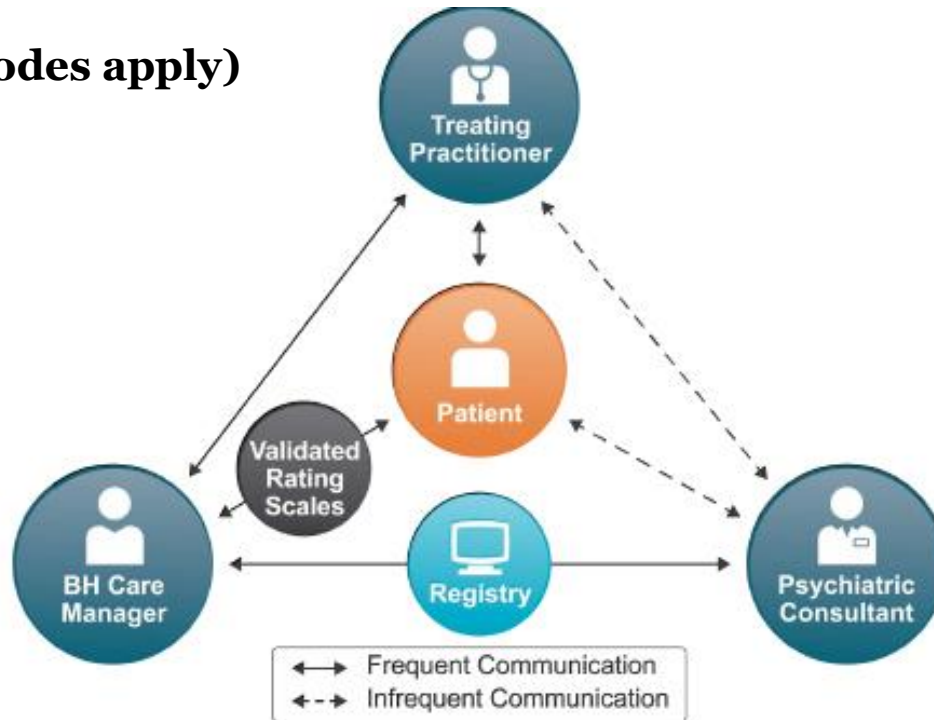
- Current or prior use of BH medication
- Diagnosis > 2 chronic medical problems
- Taking > 4 of any type of medication
- > 1 hospital admission this year
- > 1 ED visit this year
- Receiving other care management services

Collaborative Care Basics

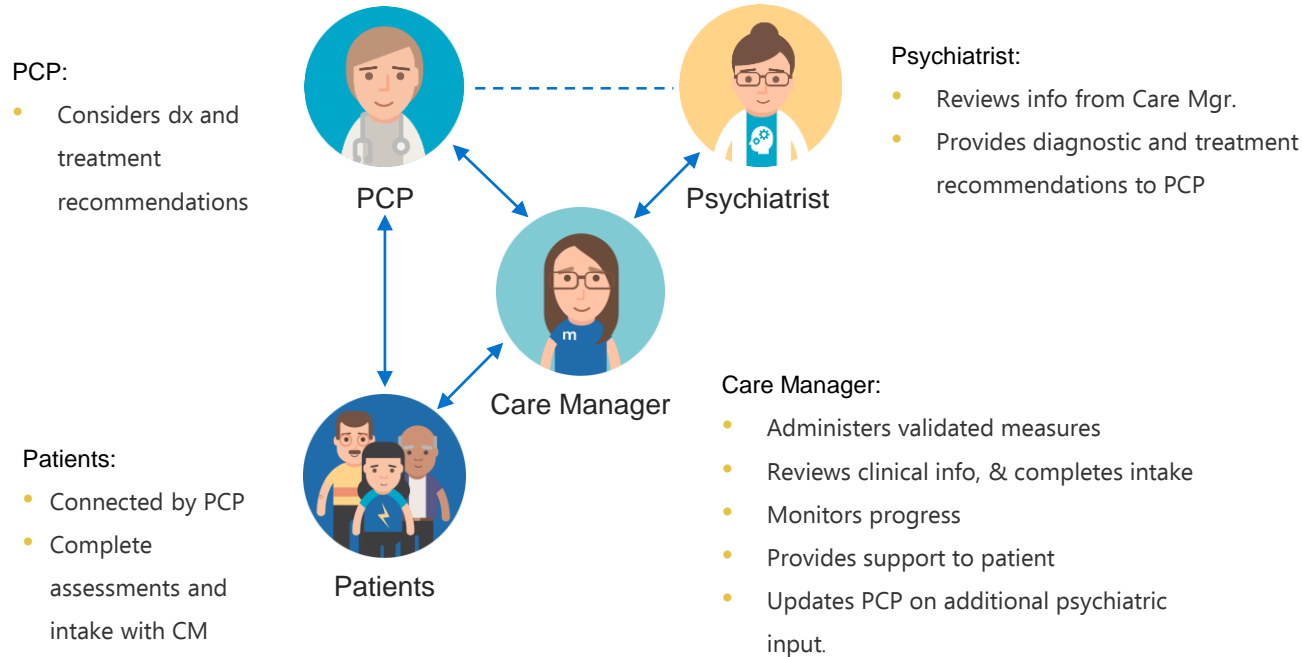
- Collaborative Care is a specific type of integrated care built on the chronic care model to improve access to evidence based mental health treatments for primary care patients.
- Collaborative Care is:
 - Team based, effective collaboration and patient-centered
 - Evidence based
 - Measurement based care
 - Population based care-registry, systematic screening
 - ACCOUNTABLE care (ie can be used for quality measure reporting)
- Medicare, most commercial and some state Medicaid plans, reimburse primary care practices that implement Collaborative Care

Psychiatric Collaborative Care Model

(CoCM)
(CMS billing codes apply)



Collaborative Care Team



Behavioral Health Care Manager

- Performs systematic initial and follow-up assessments
- Systematically tracks treatment response
- Provides treatment recommendation support to PCP and patient.
- Supports medication adherence, may assist with referrals
- Reviews challenging patients with the psychiatric consultant weekly and updates PCP as necessary
- Provides low-intensity interventions: motivational interviewing, problem solving therapy
- Care Manager has BH experience (e.g. LCSW, psychologist, counselor, RN)
- Case Load: 1 FT Care Manager:100-150 patients enrolled

Psychiatric Consultant

- Provides weekly caseload consultation to CoCM care managers
 - Reviews all new patients, provides provisional diagnoses, treatment recommendations
 - Reviews ongoing patient status and recommends treatment adjustments
 - Advises on treatment for patients who may need more intensive or more specialized mental health care, supporting treatment in the medical setting until patients can be engaged in specialized care as appropriate.
- Available to care manager for ad-hoc or urgent review based on clinical need
- Provides telephone consultation to medical providers on enrolled patients
- Psychiatrists have expertise in treating patients in medical setting and have received training in CoCM
- Case load: 2 hours: 150 patients in program

Collaborative Care Model Billing

- Time-based bundled codes:
 - Captures all direct and indirect care provided by care manager and psychiatrist,
 - Billed by the PCP
 - Initial (first month), subsequent months, and additional time codes can be used as long as service delivered (no duration limits)
- Requirements include
 - Can be used for any BH condition
 - Use of Validated rating scales (every month)
 - Use of a registry to facilitate weekly case review
 - Presence of BH care team: PCP, BH care manager, psychiatric consultant
 - BH care manager NOT required to deliver care on-site
- Documentation for billing
 - Accounting for time spent (similar to CCM)
 - Evidence of core components of care elements (through reports, notes etc)

Collaborative Care CPT Codes

Code	Description	Payment
99492	Initial psych care management, 70 min	\$161.28
99493	Subsequent psych care management, 60 min	\$128.88
99494	Initial/subsequent psych care management, additional, 30 min	\$66.60

American Medical Association, CPT 2019: Professional Edition (Cpt / Current Procedural Terminology (Professional Edition), 2018.

Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

Questions: email mdh.pcmodel@Maryland.gov

Select References

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